

**EMS ADVISORY COUNCIL MEETING
MINUTES
March 15, 2012
Brynhild Haugland Room State Capitol**

Members Present: Terry Ault, Liz Beck, Kari Enget, Curt Halmrast, June Herman, Tim Meyer, Marlene Miller, Jeff Sather, Gerry Uglem, Diane Witteman

Members Not Present: Doug Anderson, Lynn Hartman, Jerry Jurena, Mark Nelson

DoH Representatives Present: Lindsey Narloch, Mary Tello-Pool, Linda Zahn, Tom Nehring, Jan Franklund, Ed Gregoire, Kari Kuhn, Alan Aarhus

Others Present: Mona Thompson, Jim DeMell, Joe Lies, Ken Reed, Mindy Cook, Karol Reidman, Cody Freisz (11:30)

Tim Meyer welcomed the committee and introductions were made around the table.

Approval of Minutes:

Motion to approve the February 16, 2012 minutes as written.

Motion made by Jeff Sather.

Motion seconded by Diane Witteman.

No further discussion; motion carried.

Data Presentation - Lindsey

See attached presentation for details. Contact Lindsey with specific questions regarding this presentation. Lindsey stated that data compliance has increased and therefore it is not known if there is an increase in incidence or an increase in reporting.

The trauma committee reviews trauma calls with a scene time greater than 20 minutes. All these cases reviewed have been the result of an extended extrication or extenuating circumstances such as accessing the patient via 4-wheeler, etc. These have been acceptable exceptions.

Criteria for Rural EMS Assistance Fund

This subcommittee has met twice with one meeting via teleconference, and one face to face the night before this EMSAC meeting. The criteria need to be completed and sent out to ambulance agencies by May to give them adequate time to complete the applications for submission in June. The applications will then need to be reviewed and approved and notification given.

Please review attached notes from Criteria and Eligibility Subcommittee.

Tom and Ed have gained a lot of useful experience from their roles assisting in the process with the energy funding grant applications completed through the Land Department.

There was discussion regarding placing a funding cap on each grant. Marlene shared her experiences working with the flex grants with UND. They have caps on some aspects of the grants but not on the overall application. They do request that applicants make a realistic request considering the funding available.

There was also discussion regarding the usage of remaining funds if there is remaining money due to a low number of applicants in the first cycle.

*There will be a requirement in the application to submit a prioritized list of needs, therefore if further items can be funded it will not be left up to DEMST to decide the order of importance.

As these criteria will be put in policy rather than rule it allows flexibility for changing them prior to the next cycle. Ed's concern is keeping the funding areas from 'sandbagging' the money. Funds awarded must be spent during the current grant year.

Motion made to not put a cap on possible grant amounts with direction given to the applicant to be reasonable and to prioritize their requested needs.

Motion made by Jeff Sather

Motion seconded by Terry Ault

Further discussion rotated around the guidance needed in the application.

All in favor; motion carried.

Primary Agency - An ambulance service or other legal entity (legally organized with a federal ID number) to be determined locally will serve as the primary agency to deal with DEMST. QRUS must be affiliated with an ambulance, therefore not able to serve as a primary agency.

Motion made to approve the concept of one primary agency in each funding area.

Motion made by Kari Enget

Motion seconded by Diane Witteman

No further discussion; motion carried.

Applications per Funding Area – There was discussion surrounding the idea of returning multiple applications submitted from a single funding area to give them the opportunity to resubmit only one application for the entire funding area as required. It was agreed upon to remain flexible during the first cycle of the funding, including being open to the possibility of having to return applications to funding areas.

It was also suggested that notification to be sent to those individual ambulance services within joint funding areas to make them aware of the collaboration needing to be done. Curt feels that those areas that are not already in collaboration mode will not be applying because more than 30 days is necessary to design a collaborative plan.

Motion made to approve the concept of one application per funding area while maintaining the flexibility to allow returning applications to funding areas.

Motion made by June Herman

Motion seconded by Jeff Sather

No further discussion; motion carried.

MOUs and signatures – This documentation must spell out the collaboration. Each agency must sign in agreement of the project plan submitted. Samples must be provided to funding areas with the grant application. A sample MOU was provided by Joe Lies. Funding areas may create their own MOU, but the project must be addressed appropriately. Marlene offered to supply DEMST with the MOU used by flex grant participants.

Motion made to approve the necessity of MOUs and proper signatures.

Motion made by June Herman

Motion seconded by Dian Witteman

No further discussion; motion carried.

Leadership Training – Discussion rotated around the last sentence regarding a ‘structured class / program’.

Motion made to approve the concept of requiring at least one individual from each applying funding area to have leadership training ‘as approved by the department’ within the previous three years or the application must include plans to attend within the upcoming grant cycle.

Motion made by Diane Witteman

Motion seconded by June Herman

Further discussion consisted of the fact that DoH cannot guarantee training availability due to lack of consistent funding sources. Each level of leadership training through SafeTech is 16 hours.

Motion carried.

Budget – Discussion centered around expenses that can be utilized as soft match. Value of a volunteer hour is weighted at \$16.48 including benefits. Cody raised the question that if an employee’s pay and benefits equal \$14 / hr, can the remaining \$2.48 be claimed as a soft match. It was decided that this would not be allowed.

It was clarified that volunteer labor cannot be counted as a soft match. In-kind labor such as accounting, payroll services, mechanic, janitorial, etc. can be utilized.

Motion made to approve the concept (as written): A project budget for the funding area shall accompany the application. Each agency within the project shall also completely disclose their revenues and donations (mainly to determine they meet the \$10 per capita requirement).

Motion made by June Herman

Motion seconded by Marlene Miller

No further discussion; motion carried.

Lunch break

Narrative – There was a question raised regarding the inclusion of a budget narrative. The decision was made that #1 will be changed to include ‘...a plan for using the money including budget justification’.

Bullet # 3 will be added: Describe prioritization of the project.

Motion made to approve the concept of the items under *Narrative* section including specification of budget justification.

Motion made by Diane Witteman

Motion seconded by Liz Herman

No further discussion; motion carried.

Reporting – Conversation surrounded the bullet regarding ‘should ambulance services be required to complete all of their reporting and disallowed from outsourcing the reporting?’ Historically this was allowed while transitioning from paper form to electronic form of reporting. Lindsey stated that her fear is that no data will be received from these services if they cannot outsource this. This requirement would only pertain to those services / funding areas applying for funding. One concern is in regards to small services that don’t do many runs therefore would not normally meet the minimum requirements for logging into the system or gain any efficiency in utilizing the system.

At this point missed calls are not reportable in the system. The ambulance service should reach out to the PSAP to report missed calls as a requirement of the funding. PSAPs should possibly report to the affected ambulance as well as DEMST at the same time.

Motion made to include the idea that ambulance services must respond to all calls, report all missed calls and reach out in writing to local dispatching agencies to notify them of any anomalies. A sample letter will be supplied with grant guidance to communicate between PSAP / ambulance / DEMST / county 911 coordinator.

Motion made by Jeff Sather

Motion seconded by Liz Beck

No further discussion; motion carried.

Collaboration – No discussion.

Considered criteria- The subcommittee will get together for further discussion.

There was discussion regarding allowing a transition time for those agencies that are not billing at the minimum Medicare rates. The council does not want to punish all EMS agencies in a funding area.

Each ambulance service must currently be billing at or submit a plan for transition to billing at the minimum Medicare level by ____ (within 3 months).

If there are unspent funds they will be turned back to general funds. The council goal is to reasonably spend all allowed funding for necessary requests. The possibility will be investigated to allow for extra line items from requested lists of priorities based on remaining funds or special grants i.e. to association to conduct leadership training.

Discussion of Short Report Elements

Information was sent out with February minutes regarding information from other states on this topic. The consensus is that ND is not in the position make rule changes about this at this point. Plans for encouraging more compliance will be investigated prior to making rule changes.

A statement of best practice was recommended to come from the Division.

Two states require deposit of report at time of patient drop off with a waiver of 24 hours included if the crew gets an immediate call back into service.

There was discussion of a feeling of unimportance to hospitals. Hospitals with the issue should communicate with the medical director or ambulance service.

Lindsey has contact information that can be disseminated if an ambulance service would like to contact their ED.

Helmsley Project

The Helmsley Project contacted the ND DoH proposing a program similar to the SIMSD program already operational in South Dakota. <http://www.sim.sd.gov/about/> The Health Department has put together a business plan to accept \$4.5 million from the Helmsley project. A 1/3 match is required to accept this funding equaling \$1.3 million over the first three years. After this time it is the sole responsibility of the state to continue the program. Tom and the Health Department, Ken Reed, the SIM lab at UND, and the Hospital Association have been included in the core group for beginning discussion. UND is a major partner and will help coordinate and run this project. The business plan must be completed by April 4, 2012 including participation of the six largest hospitals.

The front of these training trucks have slide outs creating a simulated emergency department, the middle section contains the controls, with the back set up to simulate a complete ambulance. The goal is to narrow the gap between a classroom setting and hands on field experience. These simulators are computerized and can be programmed with specific scenarios. Plans are for four trucks in the state. Dr. John Allen, the medical director of

the SIM lab at UND and Tom have committed to meeting with the six hospitals seeking commitment during the coming week. The program requires 12 trainers to be hired along with three coordinators.

The funding is expected to be awarded in June, 2012.

Dispatch Subcommittee Update

Tom met with the 911 Association after a representative from Sanford's LifeFlight presented. Liz is working on a report of survey results and Diane is working on a report of tips and recommendations. These will be presented at the next 911 Association meeting.

There is discussion of the formation of a multidisciplinary stake holders group to include EMS, DEMST, 911 Association, 911 Coordinators, law enforcement, fire, EMD, etc.

Community Paramedic Subcommittee Update – Marlene Miller

The subcommittee met for an all-day brainstorming session at F-M Ambulance on February 22. They have learned a lot about what's going on with other states / countries.

Review attached minutes from the subcommittee and contact Marlene with further questions.

STEMI Update

SE and NW contracts are complete and they are aware of their allocations.

AHA is in the planning stages of the upcoming conference to be held in June.

Contact Mindy with further questions.

Oil Impact Grants

Tom and Ed were very involved in reviewing grant applications and visited applicants across the western part of the state. Buildings, ambulance vehicles and equipment were the major categories of grant requests. Staffing was not thought to be looked at favorably so this line item was switched with other line item expenses. This may change down the road with support from the governor. One ambulance and two hospitals requested funding to cover bad debt.

Collaboration, energy related needs, financial need, complete applications and sustainability of the project were weighted highly in the evaluation of applications.

There are eight counties that have been majorly impacted by the oil boom. Be aware that some counties have a very high impact although maintain low production.

This will be an annual cycle with involvement from DEMST again in January of 2013.

Mona inquired about the eligibility of public health with requests coming from the Abused Adult Resource Center and the Sex Crimes Division. The public health sector does not appear to be eligible at this time.

Trauma Update - Tom

There was a trauma meeting on Tuesday March 13 regarding upcoming legislative activity for the trauma program. \$734,000 was requested last session resulting in \$100,000. DEMST will continue to keep the EMSAC up to date on continued legislative efforts.

Other Business

Joe distributed sample MOUs to council members. This came about due to the 2009 MA being outdated between DES and other states and not meeting FEMA requirements. Services must bill the service they are

assisting. If the guidance is not followed, FEMA won't pay. Historical events will be taken into consideration. Emergency managers have provided this to fire departments but not many of them are moving quickly to use it. Contact DES with questions.

Next Meeting

The next EMSAC meeting was changed to **WEDNESDAY April 18** (due to the EMS Rendezvous beginning on the 19th). It is currently set to take place **10 – 4 in AV Room 212** (2nd floor of the capitol building).

Rooms are reserved at the Doublewood Inn for council members if needed. Please contact Kari prior to April 4 if you need a room.

Meeting Adjourned